

State of Wisconsin Employees

DentalBlue is the portfolio of dental products from Blue Cross Blue Shield of Wisconsin and CompCare Health Services Insurance Corporation. The plans below are available to any State of Wisconsin Employee on a 100% Employee-Paid basis through payroll deduction.

PLAN SUMMARY

	Dentacare HMO	Preferred PPO	Supplemental Plan
Who Should Consider This Plan?	If your medical plan does not include dental benefits <u>OR</u> has a limited selection of dentists.	If your medical plan does not include dental benefits <u>OR</u> you want flexibility to use any dentist of your choice.	If your medical plan has a dental benefit <u>AND</u> you want additional comprehensive benefits.
Which Dentists Can I Go To?	Must use a Dentacare Center	Any Dentist	Any Dentist
Monthly Premium - Region 1 Milwaukee, Waukesha, Ozaukee, Washington, Racine, & Kenosha Counties	Employee - \$19.12 Employee & 1 - \$38.25 Employee & 2+ - \$61.19	Employee - \$19.38 Employee & 1 - \$38.75 Employee & 2+ - \$63.94	Employee - \$11.48 Employee & 1 - \$22.96 Employee & 2+ - \$34.45
Monthly Premium - Region 2 All counties not listed in Region 1	Employee - \$23.65 Employee & 1 - \$47.30 Employee & 2+ - \$75.68	Employee - \$19.38 Employee & 1 - \$38.75 Employee & 2+ - \$63.94	Employee - \$11.48 Employee & 1 - \$22.96 Employee & 2+ - \$34.45
Diagnostic & Preventive Services Oral Evaluations, X-rays Regular Cleanings, Sealants, Fluoride	100% - Dentacare Center Only	80% - PPO Dentists 75% - Other Dentists	0% - No Coverage Typically Covered Under Alternate HMO Medical Plan
Basic Services Amalgam & Resin Fillings Simple Endodontics, Oral Surgery & Periodontics Emergency Palliative Pain Treatment	80% - Dentacare Center Only	60% - PPO Dentists 50% - Other Dentists	75% - Any Dentist Simple Specialty Services Only (see reverse side for details.) Other services typically covered under Alternate HMO Medical Plan
Major Services Crowns & Crown Services Bridges & Bridge Services Dentures & Denture Services	60% - Dentacare Center Only	40% - PPO Dentists 25% - Other Dentists	50% - Any Dentist
Complex Specialty Services Complex Endodontics & Periodontics	60% - Any Dentist	Same As Major Services	Same As Major Services
Annual Deductible	None	Applies to Basic, Major & Specialty Services Only \$25 Per Member - PPO Dentists \$50 Per Member - Other Dentists	Applies to Basic, Major & Specialty Services Only \$50 Per Member - Any Dentist
Office Visit Copayment	\$10 Per Member Per Visit	None	None
Annual Benefit Maximum (Per Member)	\$750 - Diagnostic, Preventive, Basic & Major Additional \$500 - Specialty Services	\$1,000 Per Member	\$1,000 Per Member
Orthodontic Savings Plan Where to Receive Services Orthodontic Exams, X-rays, Braces, Retainers Orthodontic Maximum Benefit, Per Member Orthodontic Benefit Age Limit	Available With Dentacare HMO, Preferred PPO & Supplemental Plans Discount Available Only At DentalBlue Preferred Orthodontists 20% Discount Off Billed Charges, No Waiting Period \$1,000 Per Member Lifetime No Age Limit		
Benefit Waiting Periods	None	3 Months Basic Services 3 Months Major Services (New enrollees only)	3 Months Basic Services 3 Months Major Services (New enrollees only)

State of Wisconsin Employees – Summary of Covered Services, Limitation, Exclusions

Diagnostic And Preventive Services Include:

Oral Evaluations Comprehensive (one every 36 months), Periodic (two per calendar year), Limited (one every 12 months), no more than three of any oral evaluation per calendar year.

Dental X-Rays Intraoral complete series (one intraoral complete series or panoramic film every 36 months), Intraoral periapical (four films every 12 months, not covered on same day as intraoral complete series), Bitewing film (four films every 12 months, not covered on same day as panoramic film), Panoramic film (one intraoral complete series or panoramic film every 36 months).

Cleanings, Fluoride, & Sealants Adult prophylaxis (one every 6 months), Child prophylaxis (one every 6 months, members age 14 and under), Child prophylaxis with fluoride (one every 6 months, members age 14 and under), Child Fluoride (one every 6 months, members age 14 and under), Sealants (one initial treatment per posterior tooth, members age 14 and under).

Space Maintainers Fixed unilateral and bilateral (members age 14 and under), Recementation.

Basic Services Include:

Fillings Amalgams (primary and permanent teeth), Resins (tooth-colored fillings, anterior (front) permanent teeth only).

Palliative Treatment Emergency treatment to relieve pain.

Simple Specialty Services Simple Endodontics (Pulpotomy and pulpal therapy, one initial treatment per tooth), Simple Oral Surgery (Simple extractions), Simple Periodontics (Periodontal scaling and root planing, per quadrant-four quadrants every 36 months, Full mouth debridement to enable periodontal disease diagnosis-one every 36 months, not covered on same visit as cleaning).

Major Services Include:

Crowns & Crown Services Resin, porcelain, $\frac{3}{4}$ cast, full cast, prefabricated stainless steel, prefabricated resin (four crown or bridge units every 12 months, base metal crown covered additional cost for noble/high noble metals at members expense, replacement covered only if 5 years elapsed since initial placement), Recementation, Sedative filling, Core build-up, Pin retention, Pre-fabricated post and core (in addition to crown).

Bridges & Bridge Services Resin, porcelain, $\frac{3}{4}$ cast, full cast, prefabricated stainless steel, and prefabricated resin bridge crowns

and pontics (four crown or bridge units every 12 months, base metal crown covered additional cost for noble/high noble metals at members expense, replacement covered only if 5 years elapsed since initial placement), Recementation, Core build-up, Pre-fabricated post and core (in addition to bridge).

Dentures & Denture Services Complete, immediate, and partial dentures (one initial denture, replacements covered only if 5 years have elapsed since initial placement, member is responsible for additional cost of precision appliances or other elaborate, personalized techniques), Denture adjustments, repairs, rebases, relines (one every 36 months, not covered within 6 months of initial insertion).

Complex Specialty Services Include:

Complex Endodontics Initial and re-treatment root canal therapy (anterior, bicuspid, and molar, one per tooth), Apicoectomy/periradicular surgery (anterior, bicuspid, molar), Root amputation. **Specialty Care Plan Covered Services Under Dentacare.**

Complex Periodontics Periodontal maintenance procedure (2 periodontal maintenance procedures per 12 months immediately following active periodontal treatment). **Specialty Care Plan Covered Services Under Dentacare.**

DentalBlue Exclusions:

Services not listed in the Benefit Handbook * Services which are not medically necessary or are experimental or investigational * Services started or finished before the member's effective date begins or after it ends * Covered services rendered in connection with elective treatment or excluded services * Duplicate or replacement appliances * Oral hygiene or dietary counseling * Implants * Splinting procedures * Temporary crowns * Charges for any type of anesthesia * Adjustment of occlusion or vertical dimension * Prescription drugs * Diagnostic study models and tests * Services which are otherwise covered under member's hospital, surgical, or medical plan * Covered services for treatment of congenital malformations, orthognathic surgery, osteotomies, or TMJ disease * Charges that are a result of lack of patient cooperation * Charges for telephone consultation or hospital or physician services

This document is intended as a general outline of the DentalBlue plan, and does not serve as a legal document. For a complete list of benefits, limitations, and exclusions, please see the contract and Benefit Handbook.

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